(Form of preliminary report to secure consents to transfer where final return cannot be presently completed)

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF TAXATION

Individual Tax Audit Branch Transfer Inheritance and Estate Tax PO Box 249

**Trenton, New Jersey 08695-0249** (609) 292-5033

Failure to fully complete this form may result in delay in issuing consents to transfer

IN THE I	MATTER OF T	THE ESTATE OF		
			Decedent's Soci	al Security Number
(State Full Name of Decedent)				
Late of (City) (County)			Affic ☐ Executor	avit of:  ☐ Administrator
			☐ Heir-at-Law an	
COUNTY OFSTATE OF		<b>S.S.</b>	(Indicate ab	ove with an X)
STATE OF		)		
		(Execut	or). (Administrator). (Heir-at-	Law and Next of Kin) of abov
named decedent say that the following indicated below in advance of the filin		true and that this affidavit is submitte		
Testate	)			
Decedent died Intestate	}			
mestate		(Month)	(Day)	(Year)
Administrati	ion )	were issued by the Surrogate of	the County of	
Letters of Testamenta	<sub>ry</sub> J	State of		
		(	(Marria)	
Address to which all correspondence s	should be mailed	i. {	(Name)	
		(Street)	(City)	(State) (Zip)
1. Following is the status of deced	dent's estate as p			
_		·	¢.	
		gible personalty, and intangible person		
both in and outside of New Jers	sey.)			
DEDUCTIONS				
(Debts, funeral, legal services,				
NET ESTATE			\$	
FOR DECEDENTS DYING A	A ETED DECE	MDED 21 2001 CDOSS		
ESTATE (\$		OUCTIONS (\$)		
PLUS ADJUSTED TAXABLI		) FOR FEDERA ROVISIONS OF THE INTERNAL		
		MBER 31, 2001		
It is not possible at this time to comple			- · · · · · · · · · · · · · · · · · · ·	
unavoidable cause of delay. If more sp	pace is required	, anach fider).		

2.	The decedent in his lifetime made the following transfers of a mater full financial value of the property transferred:		-
	(List facts as to any such transfers, including dates, amounts, name of trust, include copy thereof.) (Give ages of life tenants or annuita		
3.	Decedent owned the following New Jersey real estate:		
	DESCRIPTION	FULL ASSESSED VALUE	FULL MARKET VALUE
		\$	\$
	(In this target of the control of th		
4	(Indicate amount of any encumbrances on above parcels.)  All stocks and bonds of NEW JERSEY corporations or of banking	institutions located in this Stat	e which are registered in the
	decedent's name, are listed below. <u>If held jointly, set forth exactly</u>	n whose names.	
	NAME OF COMPANY, NUMBER AND KIND OF S	HARES	MARKET VALUE
			\$

NAME OF BANK	DATE OI DEATH BALANC	RALANCE	TO CREDIT OF:
NOTE: Banks have permission to release Relationship to decedent of those who se			
NAMES AND ADDRESSES		RELATIONSHIP	AGES OF LIFE TENANTS
Consents to transfer are desired at this ti	ne covering the follo	owing items:	

(If release of assets in a custodial account is desired, state the name and location of the bank or trust company and attach a list (in duplicate) of the assets held as agent for the decedent.)

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8. Deponent is willing to make such payment on account as to safeguard issuance of consents to transfer in absence of	may be determined to be necessary by the Inheritance Tax Branch in order of a detailed return.
9. Deponent certifies that the usual detailed resident return i the earliest possible date.	n connection with this estate will be filed with the Division of Taxation at
	(Executor), (Administrator), (Heir-at-Law and Next of Kin)
My Home Address is	
	Street and Street Number
	City or Town and State
SWORN AND SUBSCRIBED TO	
BEFORE ME THIS	
DAY OF	
· · · · · · · · · · · · · · · · · · ·	sufficient portion of the assets to assure collection of the tax ide. The Branch will not issue consents to transfer all personal the tax (N.J.A.C. 18:26-9.4).

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